

**RYAN WHITE TITLE I  
CASE MANAGEMENT CHART REVIEW 2003**

**Agency** \_\_\_\_\_

**Date of review** \_\_\_\_\_

**CIS#** \_\_\_\_\_

**Agency ID#** \_\_\_\_\_

**Reviewer** \_\_\_\_\_

	YES	NO	NA	DATE
1. Is there proof client is HIV+?	_____	_____	_____	_____
2. Is there proof client is a Miami-Dade County resident?	_____	_____	_____	
3. Is there an initial financial assessment?	_____	_____	_____	_____
4. Does the initial assessment include:				
a. Current employment status	_____	_____	_____	
b. Income	_____	_____	_____	
c. Number in household	_____	_____	_____	
d. % FPL	_____	_____	_____	
5. Are all sections of the initial financial screening completed?	_____	_____	_____	
6. Is there a current (not > 6 mos.) financial assessment?	_____	_____	_____	_____
7. Does the current assessment include:				
a. Current employment status	_____	_____	_____	
b. Income	_____	_____	_____	
c. Number in household	_____	_____	_____	
d. % FPL	_____	_____	_____	
8. Are all sections of the current financial screening completed?	_____	_____	_____	
9. Is there evidence clients are assessed for 3rd party payers?	_____	_____	_____	
10. Is there initial proof of financial eligibility?	_____	_____	_____	_____
11. Is there current (not > 6 mos.) proof of financial eligibility?	_____	_____	_____	_____

	YES	NO	NA	DATE
12. Is a social security number present?	_____	_____	_____	
13. Is there a picture ID?	_____	_____	_____	
14. Is there a signed, dated confidentiality notice?	_____	_____	_____	_____
15. Is there a signed, dated Rights and Responsibilities?	_____	_____	_____	_____
16. Is there a signed, dated grievance procedure?	_____	_____	_____	_____
17. Is there evidence client's right to a choice of providers, as available, has been explained?	_____	_____	_____	_____
18. Is there a signed, dated SDIS Consent to Release and Exchange Information?	_____	_____	_____	_____
19. Are there copies of CD4 results?	_____	_____	_____	
If yes, list most recent CD4: _____				Date: _____
20. Are there copies of VL results?	_____	_____	_____	
If yes, list most recent VL: _____				Date: _____

**NOTES:** \_\_\_\_\_

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	YES	NO	NA	DATE
21. Is there an initial assessment?	_____	_____	_____	_____
22. Does the initial assessment include:				
a. Current medications	_____	_____	_____	
b. Assessment of adherence to Rx?	_____	_____	_____	
c. Name of current PCP or referral to PCP?	_____	_____	_____	
d. Assessment of adherence to PCP appointments?	_____	_____	_____	

	YES	NO	NA	DATE
e. HIV disease status?	___	___	___	
f. Assessment of social support system?	___	___	___	
g. Assessment of housing situation?	___	___	___	
h. Transmission/Prevention knowledge?	___	___	___	
i. Assessment of psychosocial needs?	___	___	___	
j. Assessment for substance abuse?	___	___	___	
23. If items a., b., d., e. were NA at time of initial assessment were they updated within 30 days of the initial assessment?				
a. Medications	___	___	___	_____
b. Medication adherence	___	___	___	_____
d. Adherence to PCP appts.	___	___	___	_____
e. HIV disease status?	___	___	___	_____
24. Is there a current (not > 6 mos.) assessment?	___	___	___	_____
25. Does the current assessment include:				
a. Current medications	___	___	___	
b. Assessment of adherence to Rx?	___	___	___	
c. Name of current PCP?	___	___	___	
d. Assessment of adherence to PCP appointments?	___	___	___	
e. HIV disease status?	___	___	___	
f. Assessment of social support system?	___	___	___	
g. Assessment of housing situation?	___	___	___	
h. Transmission/Prevention knowledge?	___	___	___	
i. Assessment of psychosocial needs?	___	___	___	
j. Assessment for substance abuse?	___	___	___	
26. Is there an initial plan of care (POC)?	___	___	___	_____
27. Is the initial POC signed and dated by both client and case manager?	___	___	___	
28. Is the POC based on needs identified in the assessment?	___	___	___	
29. Does the POC include clear goals/plans to address identified needs?	___	___	___	

	YES	NO	NA	DATE
30. Is there a progress note that documents the initial assessment & POC?	_____	_____	_____	_____
31. Is there a current (not > 6 mos) POC?	_____	_____	_____	_____
32. Is the current POC signed and dated by both client and case manager?	_____	_____	_____	
33. Is the current POC based on needs identified in the assessment?	_____	_____	_____	
34. Does the current POC include clear goals/plans to address identified needs?	_____	_____	_____	
35. Is there a progress note that documents the current assessment & POC?	_____	_____	_____	_____
36. Do progress notes reflect counseling on medication adherence?	_____	_____	_____	_____
37. Is client on ADAP?	_____	_____	_____	
If yes, last enrollment date: _____				
38. Has client received Rx through Title I in past 6 mos?	_____	_____	_____	
If yes, list Rx received: _____				

**NOTES:** \_\_\_\_\_

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	YES	NO	NA	DATE
39. Is time spent with the client documented?	_____	_____		
40. Are units documented?	_____	_____		
41. Does time documented agree with units listed?	_____	_____	_____	

	YES	NO	NA	DATE
42. Are progress notes:				
a. Dated	_____	_____	_____	
b. Signed	_____	_____	_____	
c. Legible	_____	_____	_____	
d. Corrected with strike out, “error” and initials?	_____	_____	_____	
43. List client/case manager contacts & dates for past 6 mos.	_____			
_____				

NOTES: \_\_\_\_\_

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Review of 4 last referrals                      \_\_NA (No referrals)

I.	YES	NO	NA	DATE
1. Is the service referred for included in the POC?	_____	_____		_____
2. Do all referrals include the:				
a. Service?	_____	_____		
b. Service provider?	_____	_____		
c. Referral date?	_____	_____		_____
d. Duration of service?	_____	_____		
e. Frequency of service?	_____	_____	_____	
3. Is the date of follow up noted?	_____	_____		_____
4. Does documentation reflect f/u was done?	_____	_____		_____
5. Do medication referrals include:			__NA not a referral for Rx	
a. Medication names?	_____	_____		
b. Dosage?	_____	_____		
c. Strength?	_____	_____		
d. Quantity?	_____	_____		

	YES	NO	NA	DATE
6. Is there a progress note documenting the referral?	_____	_____		_____

## II.

1. Is the service referred for included in the POC?	_____	_____		_____
2. Do all referrals include the:				
a. Service?	_____	_____		
b. Service provider?	_____	_____		
c. Referral date?	_____	_____		_____
d. Duration of service?	_____	_____		
e. Frequency of service?	_____	_____	_____	
3. Is the date of follow up noted?	_____	_____		_____
4. Does documentation reflect f/u was done?	_____	_____		_____
5. Do medication referrals include:			_____NA not a referral for Rx	
a. Medication names?	_____	_____		
b. Dosage?	_____	_____		
c. Strength?	_____	_____		
d. Quantity?	_____	_____		
6. Is there a progress note documenting the referral?	_____	_____		_____

## III.

1. Is the service referred for included in the POC?	_____	_____		_____
2. Do all referrals include the:				
a. Service?	_____	_____		
b. Service provider?	_____	_____		
c. Referral date?	_____	_____		_____
d. Duration of service?	_____	_____		
e. Frequency of service?	_____	_____	_____	
3. Is the date of follow up noted?	_____	_____		_____
4. Does documentation reflect f/u was done?	_____	_____	_____	_____

	YES	NO	NA	DATE
5. Do medication referrals include:			___NA not a referral for Rx	
a. Medication names?	___	___	___	___
b. Dosage?	___	___	___	___
c. Strength?	___	___	___	___
d. Quantity?	___	___	___	___
6. Is there a progress note documenting the referral?	___	___	___	___
<b>IV.</b>				
1. Is the service referred for included in the POC?	___	___		___
2. Do all referrals include the:				
a. Service?	___	___		
b. Service provider?	___	___		
c. Referral date?	___	___		___
d. Duration of service?	___	___		
e. Frequency of service?	___	___	___	
3. Is the date of follow up noted?	___	___		___
4. Does documentation reflect f/u was done?	___	___		___
5. Do medication referrals include:			___NA not a referral for Rx	
a. Medication names?	___	___		
b. Dosage?	___	___		
c. Strength?	___	___		
d. Quantity?	___	___		
6. Is there a progress note documenting the referral?	___	___		___

**NOTES:** \_\_\_\_\_

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